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THE COMMUNITY WITHOUT A PHYSICIAN.

The Plan of an Isolated Community in Wisconsin for Securing Competent Medical Attention.

By ROBERT OLESEN, Passed Assistant Surgeon and Epidemiologic Aide, United States Public Health Service, with the Wisconsin State Board of Health.

The plight of the small, isolated community which has no medical attention is particularly trying at all times, but especially so during an epidemic such as that which recently swept the country. At such times it is not unusual for many persons to be ill, and even to die, without once being visited by a physician, nurse, or other person skilled in the care of the sick.

The Wisconsin State Board of Health is frequently in receipt of communications from bereaved parents and relatives, telling of their inability to obtain the services of physicians during the fatal illness of members of their families. Sometimes, too, a decided spirit of vindictiveness, for which the holder can scarcely be blamed, is manifested. It is not cheering to read such letters, for the writers are invariably convinced that timely medical advice and attention would have saved the lives of their loved ones. The writers of many of these letters are distinctly at a loss to understand why skilled physicians are not made available for all localities, regardless of their remoteness. They feel that the State should, when necessary, subsidize physicians and nurses so that no one shall suffer unnecessarily because of his living in an unfortunate geographic location.

Properly to provide for the medical and surgical care of people in isolated places would manifestly impose an exceedingly heavy burden on the State. Moreover, the persons in the more thickly populated districts would probably be unfairly taxed for the care of those in sparsely settled places. It is a difficult matter to induce a physician to undertake the practice of medicine in any thinly settled section, for the work is unusually difficult and the compensation small. Unless, therefore, some special inducement is offered, it is evidently impossible to secure the services of a skilled medical attendant in such a place.

Realizing, however, the urgent need for reliable and constant medical service, as well as appreciating the necessity for compensating adequately the physician who undertakes the work, at least one community in Wisconsin has approached the problem in a clear-cut, business-like manner. In their own words they have "decided to take the matter in their own hands."

The enterprising officials of a township in a county located in the extreme northwestern part of Wisconsin have evolved a plan whereby

medical practice in their sparsely settled community will be made more attractive than has heretofore been possible. Already nearly every voter in the township has agreed to submit the proposition to a vote in the coming spring election. It is planned to levy a sufficient tax to provide an annual retainer of \$1,000 for a physician who shall practice medicine and surgery in this locality. Furthermore, it is proposed to bond the township sufficiently to provide funds for the erection of a physicians' residence, the cost of which shall not exceed \$5,000. The physician will be permitted to reside in this dwelling and also to have his office therein without the payment of rent. A suitable garage and barn will also be provided.

In return for the annual salary of \$1,000 and the rent-free residence, office, garage, and barn, the township board reserves the right to prescribe the fees which shall be collected by the physician. Tentatively the charge of \$2 per call made within the township boundaries, together with mileage at the rate of 50 cents per mile traveled, has been set as the fee the physician shall collect. When a call is made outside the township the charge shall be \$3, with the same mileage charge. However, \$1 of each \$3 fee so charged shall revert to the township treasury. Charges for confinements, operations, and other unusual attendance are to be made in accordance with the county medical society's fee schedule.

It is the intention of the officials in charge of the project to have the physician act as health officer and serve as medical attendant to the indigent supported by the township. He is also to serve as school physician, making a physical examination of the pupils at least once in three months during the school term. Furthermore, he is to advise the members of the board of health in professional matters.

The practical operation of the plan outlined by these enterprising township officials will be viewed with keen interest by public health officials, especially those charged with protecting the health of the people of Wisconsin. It is felt that the plan has many features to commend it, particularly the provision for a definite income to the physician while he is becoming established. Under a definite contract a position of this character should prove attractive to the young practitioner. Best of all it should insure competent, reliable, and regular medical attention for the people who, through choice or necessity, are residing in comparatively remote sections of the country.

EDITORIAL NOTE.—Of interest in this connection is the following extract from an editorial which appeared in the *Boston Medical and Surgical Journal* for March 25, 1920:

"There are many small communities throughout the country that are without physicians. Some which have come to our notice have

been so for three years and are without any prospects of obtaining a practitioner. Such a condition is a calamity. How to secure adequate medical attention and at the same time have it efficient is the problem which is before these communities. Physicians cannot work without adequate compensation—just what that compensation must be depends upon the cost of living and the work required; but it is very doubtful if satisfactory medical service can be obtained unless the physician has an income of from \$3,600 to \$5,000 a year. Most communities can afford this amount.

“While we do not approve of a ‘contract practice,’ we do believe that communities that are without medical attention should make a contract with a physician which should take the form of a guaranty of a certain salary for the year. He should be free to charge the regular fee, but if at the end of the year he has not collected the specified amount the deficiency should be made up to him. What would this mean to the community of perhaps 1,000 persons? A guaranty of \$3,600 would mean \$3.60 per year per individual, or, in round numbers, 30 cents per month, or $7\frac{1}{2}$ cents per week. Any community can afford that sum. There are many capable young men who have just graduated from college who would be glad to enter into such an arrangement and who would do good work. The trouble at present is that communities wish the physicians to come to them and take all the risks of making a living, regardless of the fact that larger communities usually offer better opportunities for success.”

BOTULISM MADE REPORTABLE IN OREGON.¹

Botulism has been made a reportable disease in Oregon, and the State board of health has sent out a circular to local health officers for distribution to the physicians of the State calling attention to the importance of the disease, stating that information as to the probable causative food factors should accompany the report, and detailing the symptoms as follows: “The symptoms which should attract attention to this disease are diplopia, aphonia, ptosis, progressive muscular weakness or tremors with no temperature.”

¹ The form of the card which is being used in California in the epidemiological studies of botulism was published in *Public Health Reports*, Apr. 9, 1920, p. 895.